

EMERGENCY MEDICAL SERVICES AUTHORITY

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Office of the Secretary
Federal Communications Commission
Washington, DC 20554

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

RE: PR Docket No. 92-235 in the Matter of Replacement of Part 90 by Part 88 to Revise the Private Land Mobile Radio Services and Modify the Policies Governing Them.

Dear Secretary:

The California Emergency Medical Services Authority (EMS Authority) is a state agency charged with, among other things, promulgation of standards and guidelines for the development of integrated and coordinated emergency medical service systems (EMS) throughout the state, establishment of minimum standards necessary to ensure medical control, assessment of EMS system effectiveness, and coordination of medical and hospital disaster preparedness and response systems. Local EMS Agencies have independent authority for coordinating all EMS system participants in their area according to state standards.

The EMS Authority has participated in national efforts to establish a new Emergency Medical Radio Service (EMRS) for the past few years and strongly supports the Commission's decision to establish this service. Emergency Medical Services (EMS) activities, be it direct dispatching and provision of emergency medical care or organizing and directing the means to do so following a medical disaster are as much a public safety concern as fire and law enforcement. All of these services are regulated by government agencies which further demonstrates that this is a proper placement for EMRS.

Creation of EMRS will facilitate better coordination of EMS frequencies and encourage the users to innovate and adopt advanced technologies to improve frequency use.

As I understand it the Notice of the Rule Making will not be published until the middle of February, making it impossible to compare its provisions with those in 92-235 in a timely manner. I will limit my comments to portions of this document that might effect the efficient implementation of EMRS. Each comment will be identified by section.

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88.13 and 88.15 -- It appears that eligibility to use the medical frequencies is restricted to government agencies involved in "emergency life support." Private hospitals would be placed into the non-commercial radio service since they are not government entities. This would break the EMS system into two parts that would be eligible for different frequencies. Section 88.13 should be modified to include all government and private entities that have been designated as being part of an emergency medical services system, and used for emergency medical communications.

88.429(h) -- Lowering antennas and reducing ERP could have a detrimental and costly affect on rural communications systems. The number of additional transmitters and other equipment to cover Death Valley and Mount Whitney, both in the same county here in California, would be prohibitive. Various areas would have to be left uncovered even though they are frequented by tourists.

The rule should be modified to allow higher antennas and ERP in areas where they don't interfere with other systems. If this happens then the station covering the longer distance (more than 50 miles as required) should stop the interference.

88.613 -- Currently 155.340 is part of inter-hospital disaster communications systems. Such a system was important for the recent civil disturbance in Los Angeles. The existing restrictions limiting it to hospitals and ambulances for inter-system mutual assistance should be continued. Also, exclusive use overlay should not be allowed on this frequency.

Apparently MED 9A, 9B, and MED 10A, 10B have been designated as the intra-system and inter-system mutual assistance channels as well as for dispatch on a day-to-day basis. These uses are incompatible. Experience has shown that during a disaster dispatch, channels are heavily used. They would not be available for intra- or inter-system mutual assistance communications if the thought is to use them like 155.340 is being used today.

88.687 -- I support your proposal not to make these frequencies available for Exclusive use overlay. The medical channels should be referred to by MEDS_1A, etc. It should not be an arbitrary designation as use of the term "may" would permit.

Not requiring specific transmit and receive frequencies might cause problems for ambulances traveling from one system to another to provide mutual aid. For example, a transmit frequency could be a receive frequency making it impossible to communicate. The existing permissible language allowing use of hand-held units, including power limitations of 2.5 watts, should be included in the new rule. Finally, these frequencies should be protected from "finders preference." Allowing this could make it difficult to trunk or provide other spectrum efficient technologies.

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88.1063 (f) -- Often patient status information ~~that~~ is critical to how care is organized and delivered on scene is provided enroute. These ~~communications~~ could be severely disrupted by allowing one way paging (as distinguished from ~~alerting~~) since there is no required operational procedure that the paging entity check the frequency before using it to make certain that such a life saving communication is not under way. ~~One-way~~ paging should not be permitted on these frequencies. Alerting emergency units for emergency medical calls should be allowed so long as communications that are already underway are ~~not~~ disrupted.

88.1501 -- According to the combined frequency list, 155.295, 155.325, 155.340, 155.355, and 155.385 are no longer set aside for the use of hospitals and ambulance communications. This would disrupt several systems in California.

Finally, the proposed rules have severe cost implications for government and private entities. It would be extremely difficult to implement the ~~proposed~~ changes without additional funds, such as those provided to create the emergency medical ~~communications~~ systems provided in 1975. Without such assistance, it is doubtful that the Commission's goals can be met in a timely manner.

Thank you for the opportunity to respond to this very important, history making docket. Please call me at (916) 322-4336 if you have any questions.

Sincerely,



Daniel R. Smiley,
Interim Director

DRS:mrd
pr92-235.1